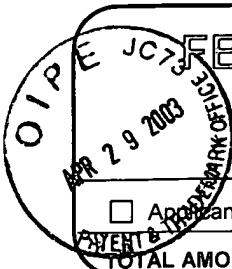


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FEES TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$)	110
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AF/1754

Complete If Known

Application Number	09/828,967
Filing Date	April 10, 2001
First Named Inventor	Shmuel Eidelman et al.
Examiner Name	E. Nave
Art Unit	1754
Attorney Docket No.	000479.000033

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5/8/03*

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)			
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account				3. ADDITIONAL FEES			
Deposit Account Number		19-0733		Large Entity		Small Entity	
Deposit Account Name		Banner & Witcoff, Ltd.		Fee Code	Fee (\$)	Fee Code	Fee (\$)
The Commissioner is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.							
FEE CALCULATION							
1. BASIC FILING FEE							
Large Entity		Small Entity		Fee Description Fee Paid			
Fee Code	Fee (\$)	Fee Code	Fee (\$)				
1001	750	2001	375	Utility filing fee			
1002	330	2002	165	Design filing fee			
1003	520	2003	260	Plant filing fee			
1004	750	2004	375	Reissue filing fee			
1005	160	2005	80	Provisional filing fee			
SUBTOTAL (1)				(\$0)			
2. EXTRA CLAIM FEES							
				Extra Claims	Fee from below	Fee Paid	
Total Claims				<input type="text"/>	X <input type="text"/>	<input type="text"/>	
Independent Claims				<input type="text"/>	X <input type="text"/>	<input type="text"/>	
Multiple Dependent					X <input type="text"/>	<input type="text"/>	
Large Entity		Small Entity		Fee Description Fee Paid			
Fee Code	Fee (\$)	Fee Code	Fee (\$)				
1202	18	2202	9	Claims in excess of 20			
1201	84	2201	42	Independent claims in excess of 3 dependent claims, if not paid			
1204	930.00 CH	2204	42	** Reissue independent claims over original patent			
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2)				(\$0)			
** or number previously paid, if greater; For Reissues, see above							
*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$110)							

05/08/2003 01 FC:1253 BOPPER 000479.000033 1409838007

** or number previously paid, if greater; For Reissues, see above

Complete (if applicable)

Name (Print/Type)	Paul M. Rivard	Registration No. Attorney/Agent)	43,446	Telephone	(202) 824-3000
Signature	<i>Paul M. Rivard</i>			Date	April 29, 2003

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